

(10/00)

RECEIVED

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

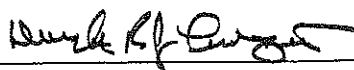
U.S. BANKRUPTCY COURT

Unclaimed Dividends/Distribution Less Than \$5 For Deposit To Registry FundDebtor: Mayra Elizabeth Cuellar and Ricardo Ignacio CuellarChapter 7 Case No. 08-45738

Please Check One:

☐ Unclaimed Dividends☒ Distribution Less Than \$5

Name and Address of Creditor	Claim No.	Amount Claimed	Distribution Amount
Fairview Health Services	1		\$3.02

Date: January 25, 2010

Trustee

Dwight R. J. Lindquist

1510 Rand Tower

Minneapolis, MN 55402

(612) 332-8871 #63538

B10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT District of Minnesota		PROOF OF CLAIM
Name of Debtor: Mayra Elizabeth Cuellar Ricardo Ignacio Cuellar		Case Number: 08-45738 RECEIVED
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Fairview Health Services		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. U.S. Bankruptcy Court MINNEAPOLIS, MN Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent: Fairview Health Services P.O. Box 147 Minneapolis, MN 55440-0147		
Telephone number: 612-672-6630		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Name and address where payment should be sent (if different from above):		
Telephone number:		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____). Amount entitled to priority: \$ _____
1. Amount of Claim as of Date Case Filed: \$ 132,442		
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		
2. Basis for Claim: SERVICES PERFORMED (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: 2132 / 9473		*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate: _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
Date: 4-8-09	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Jessica Kubat Jessica Kubat CSR	
		Send original to: U.S. Bankruptcy Court 301 U.S. Courthouse 300 South Fourth Street Minneapolis, MN 55415

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.